

**Educational Needs and Services Assessment & Referral
For Children Under 2.9 Years Old**

Student's Name _____ **DOB** _____ **Gender** _____
Date of assessment _____ LWS Caseworker _____ ext. _____
Law guardian _____ phone _____

Birth Parent(s) _____
Address _____
Phone _____ Siblings _____

Foster Parent(s) _____
Address _____
Phone _____
Primary language if other than English for any of above _____

Other contacts and phone #s (e.g. doctors, tutors, other service providers)

After completing the assessment, place a copy in the case file and give a copy to Project Achieve staff for tracking and/or further assistance

Staff will be on-site at LWS on Tuesdays and Thursdays at ext. 1722 but will be available Monday through Friday.

Gisela Alvarez, Foster Care Project Director 212-947-9779, ext. 502

galvarez@advocatesforchildren.org

Alice Rosenthal, Parent Advocate 212-947-9779, ext. 504

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If you wish to make a referral to Project Achieve/Advocates for Children for further assistance, please attach copies of any relevant documents (IEPs, evaluations, etc.)

NOTES:

Note: If any question marked by a * has been answered or the student needs an evaluation or change in services, additional investigation and problem-solving is needed.

ANSWER THESE QUESTIONS IF THE CHILD IS UNDER 2.9 YEARS OLD

Has the child been referred for an Early Intervention (EI)? Y or N

Is the child currently receiving any educational services? Y or N

If yes, what type of services (circle all that apply):

EI day care therapeutic other _____

If receiving EI or therapeutic services, specify what services (e.g. vision, speech, assistive technology, psychological) and amount provided (# hrs per week) _____

EI Providers and contact information _____

Are there services that have been recommended but not yet received? Y or N

*If yes, specify recommended services and amounts (# hrs per week) _____

*Why is the child not receiving services? _____

Is the child having any difficulties in his/her current program (e.g. behavior problems, other delays)? Y or N

*If yes, please describe _____

***If the child is turning 2.5 years old and needs special services (e.g. was receiving EI or exhibits new developmental delays), refer for screening in order to assess need for special education preschool services immediately.**

**Educational Needs and Services Assessment & Referral
For Children 2.9 to 4.9 Years Old**

Student's Name _____ **DOB** _____ **Gender** _____
Date of assessment _____ LWS Caseworker _____ ext. _____
Law guardian _____ phone _____

Birth Parent(s) _____
Address _____
Phone _____ Siblings _____

Foster Parent(s) _____
Address _____
Phone _____
Primary language if other than English for any of above _____

Other contacts and phone #s (e.g. doctors, tutors, other service providers)

**After completing the assessment, place a copy in the case file and give a
copy to Project Achieve staff for tracking and/or further assistance**

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**If you wish to make a referral to Project Achieve/Advocates for Children for
further assistance, please attach copies of any relevant documents (IEPs,
evaluations, etc.)**

NOTES:

Note: If any question marked by a * has been answered or the student needs an evaluation or change in services, additional investigation and problem-solving is needed.

ANSWER THESE QUESTIONS IF THE CHILD IS 2.9 TO 4.9 YEARS OLD

Is the child currently receiving any educational or therapeutic services? Y or N

If yes, what type of services (circle all that apply):

Special Education Preschool day care therapeutic other _____

If receiving special ed preschool services, obtain a copy of the individual education plan (IEP) prepared by the Committee on Preschool Special Education in the child's district. Date of IEP _____ District _____

Program/service providers and contact information _____

Are there services that have been recommended but not yet received? Y or N

*If yes, specify what services and the amounts recommended (# hrs per week)

Is the child having any difficulties in his/her current program (e.g. behavior problems, other delays? Y or N

*If yes, please describe _____

*Steps taken to address difficulties _____

Has the child been evaluated for special services in the past year? Y or N

*If no, the following risk factors indicate a need for an evaluation and possibly special services: (check any that apply)

- Serious behavior problems in current program
- Developmental delays
- History of psychological trauma, traumatic brain injury or any inpatient hospitalization
- History of substance abuse by birth parent during pregnancy
- Exposure to toxic substances (e.g. lead)

***If the child is turning 4.5 years old and needs special services (e.g. was receiving preschool special education or exhibits new educational needs), refer the case for more in-depth screening in order to assess need for special education or other services.**

***If the child has already had a CPSE meeting and did not get the services s/he needs, refer the case for more in-depth screening and troubleshooting.**

**Educational Needs and Services Assessment & Referral
For Children Over 4.9 Years Old**

Student's Name _____ **DOB** _____ **Gender** _____
Date of assessment _____ LWS Caseworker _____ ext. _____
Law guardian _____ phone _____

Birth Parent(s) _____
Address _____
Phone _____ Siblings _____

Foster Parent(s) _____
Address _____
Phone _____
Primary language if other than English for any of above _____

Other contacts and phone #s (e.g. doctors, tutors, other service providers)

**After completing the assessment, place a copy in the case file and give a
copy to Project Achieve staff for tracking and/or further assistance**

Staff will be on-site at LWS on Tuesdays and Thursdays at ext. 1722 but will be available
Monday through Friday.

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**If you wish to make a referral to Project Achieve/Advocates for Children for
further assistance, please attach copies of any relevant documents (IEPs,
evaluations, etc.)**

NOTES:

Note: If any question marked by a * has been answered or the student needs an evaluation or change in services, additional investigation and problem-solving is needed.

ANSWER THESE QUESTIONS IF THE STUDENT IS OVER 4.9 YEARS OLD

Is the student currently enrolled and attending a school/program? Y or N

*If no, how long has s/he been out of school and why?

School _____ Grade _____ District _____

Is the student supposed to be receiving any special education services (does s/he have an IEP)? Y or N

What type of program is s/he attending? (check type of program and any characteristics that apply)

School (specify type):

- public community school
- public special ed school (Dist. 75)
- alternative public school
- private
- day treatment

Home instruction (*if has received for > 6 mos and no permanent placement has been identified, refer case for further screening or assistance)

Inpatient hospital

Vocational

Job Corps

GED (can only enroll if turning 17 during school year)

Present Academic Performance

Copies of the following should be included in the file:

- Most recent report card Record of attendance

Promotion in doubt? Y or N

*If yes, what steps have been taken by school, LWS, etc.? _____

Has tutoring been provided? Y or N Date started _____

Has anyone (e.g. teacher, doctor, guidance counselor, evaluator, psychologist) ever recommended that the student be evaluated for special services or receive additional services? Y or N

*If yes what services? _____

Are these services being provided? Y or N

Present Behavior in School

Any disciplinary actions this year (e.g. teacher removals, suspensions)? Y or N

*If yes, list dates, charges and any alternative educational settings the student attended (if any) _____

Describe any diagnoses or impairments and list any medications the student takes (for both gen'l ed and special ed students) _____

Additional Questions for Students Who Have IEPs/Receive Special Ed

Copies of the following should be included in the case file

- Most recent IEP (and older IEPs if possible)
- Most recent evaluations, if possible

Classification (IEP p. 1) _____

Program recommendation (IEP p. 1 "Recommended Services") _____

Related services (IEP p. 9) (circle all that apply):

speech counseling OT PT other _____

Is the student receiving the services on his/her IEP? Y or N

*If no, steps taken to obtain these services/this type of placement _____

On what grade level is the student in (see IEP p. 3 or most recent evaluations):

Reading _____ **Math** _____

Additional Questions for Students 14 Years Old and Older
(both gen'l and special ed)

Type of diploma: (check one) Regents *IEP

If student has an IEP, look at the transition services listed on p. 10. Are these services appropriate/adequate? Y or N

If yes, are they being provided? Y or *N

*If no, what services does the student need? _____

Does the student need vocational training or a vocational program? Y or N

*If yes, steps taken to obtain _____

Does the student need intensive remediation to attempt to obtain a regents diploma? Y or N

*If yes, what services are needed? _____

Note: If any question marked by a * has been answered or the student needs an evaluation or change in services, additional investigation and problem-solving is needed.

*Steps taken to obtain

Important: Troubleshooting Checklists for All Students Over 4.9 Years Old

A student may need an educational evaluation if s/he has one or more of the following risk factors and s/he has not yet been evaluated: (check any that apply)

- History of psychological trauma
- Psychological/psychiatric needs (e.g. hospitalizations, diagnoses)
- History of serious medical problems (e.g. traumatic brain injury, serious illness)
- Exposure to toxic substances (e.g. fetal alcohol syndrome, positive tox, lead poisoning)
- Extended periods of time out of school
- Has repeated a grade more than once
- More than 2 years behind in reading or math
- History of serious behavior or disciplinary problems (e.g. suspensions)

If a student *has* been evaluated, the following warning signs indicate that s/he may need a more recent/more thorough evaluation and different services or a change in placement: (check any that apply)

- Student not making academic progress (reading/math grade levels unchanged for years)
- Teachers/evaluators/other professions recommend a change in services
- Services not addressing medical needs/physical impairments
- Student is chronically truant

If any of the following is true, the case should be referred to Project Achieve staff so that they may assist the caseworker in performing more in-depth screening: (check any that apply)

- History of serious behavior problems
- More than 2 grade levels behind in math or reading
- Has been held over more than 2 times
- Chronic non-attendance/truancy
- Not enrolled in a program or school for more than 5 days because:
 - No space/placement available
 - Illegal suspension (e.g. no formal charges or notice)
 - Illegal discharge (e.g. school took off register or forced into GED)
- Repeated disciplinary actions (e.g. removals, suspensions)
- Mentally retarded, autistic or multiply disabled
- Designated to obtain an IEP diploma